

<i>SERFF Tracking Number:</i>	<i>FRCS-127338919</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>49456</i>
<i>Company Tracking Number:</i>	<i>5573</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Income Protection Rider</i>		
<i>Project Name/Number:</i>	<i>KOFC/153/153</i>		

Filing at a Glance

Company: Knights of Columbus	SERFF Tr Num: FRCS-127338919	State: Arkansas
Product Name: Income Protection Rider	SERFF Status: Closed-Approved-	State Tr Num: 49456
TOI: L04I Individual Life - Term	Closed	
Sub-TOI: L04I.500 Other	Co Tr Num: 5573	State Status: Approved-Closed
Filing Type: Form	Author: Kevin Wiggs	Reviewer(s): Linda Bird
	Date Submitted: 08/02/2011	Disposition Date: 08/09/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: KOFC/153	Status of Filing in Domicile: Pending
Project Number: 153	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted on or about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/09/2011
	State Status Changed: 08/09/2011
Deemer Date:	Created By: Kevin Wiggs
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:
Filing Description:	
Our fee of \$50 has been sent by EFT on this same date.	

We have been retained by Knights of Columbus to file the enclosed form for approval in your state.

The Knights of Columbus is a fraternal benefit society.

Rider 865 12-11 will be issued in units of \$10 monthly income provides a monthly payment effective the first of the month following the rider insured's death. Rider benefits cease on the first of the month prior to the expiry date (in no

SERFF Tracking Number: FRCS-127338919 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Income Protection Rider
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event will less than 48 monthly payments be made). The amount of the monthly income payment will increase by 0.0%, 2.5% or 5.0% beginning with the 13th Payment and annually thereafter. The increase percentage will be elected by the owner at the time of rider application. Premiums are level and are guaranteed for the entire term period.

The Payee will have the option of receiving the Commuted Value in lieu of monthly income payments. The Commuted Value is the present value of future monthly income payments. In the event of the Rider Insured's death within the four years prior to the Expiry Date, the Commuted Value will be calculated assuming 48 monthly income payments.

There are 6 available term period which vary based on issue ages and are elected by the owner at time of the rider application.

Period/ Issue Ages

10 Year/ 18 - 60
15 Year/ 18 - 55
20 Year/ 18 - 50
25 Year/ 18 - 45
30 Year/ 18 - 40
To Age 65/ 29 - 55

A sample specification page showing how this rider will appear in the contract is attached for information.

This rider will be offered with whole life contracts which are listed on the enclosed Forms List.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2736 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Knights of Columbus CoCode: 58033 State of Domicile: Connecticut
1 Columbus Plaza Group Code: Company Type:

SERFF Tracking Number: FRCS-127338919 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 49456
Company Tracking Number: 5573
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Income Protection Rider
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New Haven, CT 06507-3326 Group Name: State ID Number:
(203) 752-4266 ext. [Phone] FEIN Number: 06-0416470

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: AR fee of \$50.00 per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$50.00	08/02/2011	50287585

SERFF Tracking Number: *FRCS-127338919*

State: *Arkansas*

Filing Company: *Knights of Columbus*

State Tracking Number: *49456*

Company Tracking Number: *5573*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.500 Other*

Product Name: *Income Protection Rider*

Project Name/Number: *KOFC/153/153*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/09/2011	08/09/2011

SERFF Tracking Number: *FRCS-127338919*

State: *Arkansas*

Filing Company: *Knights of Columbus*

State Tracking Number: *49456*

Company Tracking Number: *5573*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.500 Other*

Product Name: *Income Protection Rider*

Project Name/Number: *KOFC/153/153*

Disposition

Disposition Date: 08/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Income Protection Rider		
Project Name/Number:	KOFC/153/153		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	AR Previously Approved Forms		Yes
Supporting Document	AR Certificate of Compliance		Yes
Supporting Document	AR Sample Specification Page		Yes
Supporting Document	Statement of Variability		Yes
Form	Income Protection Rider		Yes

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Company Tracking Number:	5573		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Income Protection Rider		
Project Name/Number:	KOFC/153/153		

Form Schedule

Lead Form Number: 865 12-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	865 12-11	Policy/Cont Income Protection ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.300	865 12-11.pdf

KNIGHTS OF COLUMBUS INCOME PROTECTION RIDER

This rider is made part of the Contract to which it is attached. It is subject to the Contract's provisions. The definitions on Page 2 of the Contract also apply to this rider.

RIDER INSURED: The Rider Insured is the Insured unless a different person is named below:

ISSUE DATE: This rider becomes effective as of its Issue Date, which is the Issue Date of the Contract unless a later date is shown below:

EXPIRY DATE: The Expiry Date of this rider is the Annual Contract Date at the end of this rider's premium payment period shown on Page 3 of the Contract in the "Years Payable" column.

PREMIUM

The premium for this rider is shown on Page 3 of the Contract. It is due at the same time and on the same terms as other premium payments due under the Contract. The premium for this rider will cease at the Expiry Date. Premium payments for this rider will be waived if premium payments for the Contract are waived under a disability rider. Payment of the premium for this rider will not increase the cash value, if any, of the Contract.

INSURANCE BENEFIT

We agree to pay, on receipt at the Home Office of the due proof of the Rider Insured's death, the monthly income shown on Page 3 of the Contract. The monthly income will be paid only if death occurs before the Expiry Date while this rider is in force. Monthly income payments will be made beginning on the first day of the month after the Rider Insured's death and ending on the later of: (1) the last monthly payment preceding this rider's Expiry Date or (2) the date of the 48th monthly income payment. These payments will be in addition to the other benefits due under the Contract.

The amount of the monthly income payment will increase by the percentage shown on Page 3 of the Contract beginning with the 13th Payment and annually thereafter.

Unless you elect otherwise, the Payee will have the option of receiving the Commuted Value in lieu of monthly income payments.

PAYEES

While the Rider Insured lives, you have the right to designate one or more Payees to receive monthly income payments, unless this right is restricted by operation of law or unless you give up this right. To be binding, the designation of Payees must be in writing and received at the Home Office. It will then take effect as of the date it was signed, but it will not apply to actions taken by us before it was received.

If no Payee has been designated or if all designated Payees predecease the Rider Insured, the following will be deemed the Payee:

- (1) the beneficiary, if the Rider Insured and the Insured are the same; or
- (2) the Insured, if the Rider Insured and the Insured are not the same.

If, at any time after the Rider Insured's death, we receive proof of the death of the last surviving Payee, we will pay the Commuted Value of any remaining monthly income payments to the estate of such last surviving Payee.

COMMUTED VALUE

Commuted Value is the present value of future monthly income payments. Such present value is calculated using the lower of 8% interest compounded annually or the maximum fixed interest rate allowed to be charged on policy loans on the date this Contract is issued.

In the event of the Rider Insured's death within the four years prior to the Expiry Date, the Commuted Value will be calculated assuming 48 monthly income payments.

CONVERSION

If all premium payments due on the Contract and this rider have been paid, you can, during the lifetime of the Rider Insured, convert this rider to a new contract on the life of the Rider Insured without evidence of insurability. Conversion must take place prior to the earlier of the Expiry Date or the Annual Contract Date nearest the Rider Insured's 65th birthday. Conversion will be subject to the following conditions:

- (1) Conversion must be requested in writing, and the first premium for the new contract must be submitted with the request;
- (2) The amount of the new contract cannot be for more than the Commuted Value as of the date the written request for conversion is received at the Home Office;
- (3) The Register Date of the new contract will be a date mutually agreed upon;
- (4) The new contract can be any permanent life insurance plan with a level amount of insurance that we make available for such purposes at the time of conversion;
- (5) The new contract will be issued in the same contribution class as this rider;
- (6) The premium rate will be based on the Rider Insured's attained age at the birthday nearest the new contract's Register Date, and if the amount of the new contract is less than the Commuted Value, the required premium will be reduced on a pro rata basis; and
- (7) If the Contract has a disability rider attached, such a rider may also be attached to the new contract. However, if a disability rider is to be added to the new contract and it is a life insurance or plan which does not provide for premium payments until at least age 65, evidence of insurability will be required. Evidence of insurability will also be required if the Rider Insured and the Insured are not the same.

OPTIONS AVAILABLE UPON THE INSURED'S DEATH

If the Insured and the Rider Insured are not the same, and the Insured dies prior to the Expiry Date while this rider is in force, the Rider Insured shall be permitted to exercise the rights set forth in the Conversion provision, provided that conversion is requested within 60 days of the Insured's death. If conversion is elected subsequent to the Insured's death, the Register Date of the new contract will be the first day of the month after the date of death.

SUICIDE EXCLUSION

If the Rider Insured dies within two years after the Issue Date of this rider due to suicide, we will pay the premium paid in lieu of any benefits otherwise payable under this rider.

INCONTESTABILITY

We will not contest this rider after it has been in force during the Rider Insured's lifetime for two years from its Issue Date, except for nonpayment of premium.

TERMINATION

This rider terminates:

- (1) At the end of the Grace Period for a premium not paid for the Contract or this rider;
- (2) When a nonforfeiture option under the Contract takes effect;
- (3) When the Contract terminates for any reason;
- (4) On the Expiry Date; or
- (5) When we receive the owner's written request to cancel this rider.

No premium for this rider will be due after the date of termination, any advance premium payment not then due will be returned.

Issued at [New Haven, Connecticut].

KNIGHTS OF COLUMBUS



Attest:


Supreme Secretary

By:


Supreme Knight

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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Income Protection Rider		
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR RDB.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment: Act Memo 865 12-11.pdf		

	Item Status:	Status Date:
Satisfied - Item: Authorization		
Comments:		
Attachment: Auth_03-2011.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR Previously Approved Forms		
Comments:		
Attachment:		

SERFF Tracking Number: FRCS-127338919 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 49456
Company Tracking Number: 5573
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Income Protection Rider
Project Name/Number: KOFC/153/153
AR Prev Appr Forms List.pdf

Item Status: Status
Date:

Satisfied - Item: AR Certificate of Compliance
Comments:
Attachment:
AR CoC.pdf

Item Status: Status
Date:

Satisfied - Item: AR Sample Specification Page
Comments:
Attachment:
Sample Page 3 for 801-AR 1-08.pdf

Item Status: Status
Date:

Satisfied - Item: Statement of Variability
Comments:
Attachment:
SOV 865 12-11.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Knights of Columbus

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
865 12-11	58.3



Daniel C. Heffernan
Associate General Counsel

July 27, 2011

Date



KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

March 16, 2011

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Knights of Columbus

By: 

Title: Associate General Counsel

ARKANSAS

Form Number	Form Title	Approval Date	SERFF #	State File #
801-AR 1-08	Whole Life Paid-up at Age 100 Insurance Policy	08/13/2007	FRCS-125239097	36485
822-AR 1-08	Life Paid-up At Age 65 Life Insurance Contract	03/03/2008	FRCS-125376462	37962
829-AR 1-08	20 Year Payment Life Insurance Contract	02/13/2008	FRCS-125376643	37961
807-AR 1-08	Life Paid-Up at Age 100 with Additional Protection Benefit	06/04/2008	FRCS-125641488	39163
809-AR 3-11	Individual Whole Life Insurance Contract – Premiums Payable for 10 Years	12/09/2010	FRCS-126875777	47232
808-AR 12-11	Graded Premium Individual Whole Life Insurance Contract	05/05/2011	FRCS-127088418	48665

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Knights of Columbus

Form Title(s): Income Protection Rider

Form Number(s): 865 12-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Daniel C. Heffernan
Associate General Counsel

July 27, 2011

Date

CONTRACT SPECIFICATIONS

INSURED	[JOHN DOE]	[JAN 15, 2011]	REGISTER DATE
ISSUE AGE AND SEX	[35] [MALE]	[99999999]	CONTRACT NUMBER
ISSUE DATE	[JAN 15, 2011]	[\$100,000]	CONTRACT AMOUNT
COUNCIL	[99999]	[TOBACCO]	CLASS

AMOUNT OF PREMIUMS FOR ALL BENEFITS UNDER THIS CONTRACT	<u>EFT/MONTHLY</u>	<u>QUARTERLY</u>	<u>SEMI ANNUAL</u>	<u>ANNUAL</u>
	[\$129.00]	[\$395.00]	[\$375.00]	[\$1,491.00]

THE PREMIUM RATES FOR ALL BENEFITS INCLUDED IN THE ABOVE TOTAL PREMIUM ARE SHOWN BELOW.

FORM NUMBER	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUM	
			YEARS PAYABLE	ANNUAL
801-AR 1-08	LIFE PAID-UP AT AGE 100	[\$100,000]	[65]	[\$1,491.00]
[865 12-11	[10 Year] Income Protection Rider With annual Benefit Increase of [5.0%]]	[\$1,000]	[10]	[\$131.00]

KNIGHTS OF COLUMBUS

STATEMENT OF VARIABLE MATERIAL Additional Deposit Paid-Up Insurance Rider

FORM 865 12-11 and Related Specification Page for Contract 801 1-08 July 22, 2011

The following is an explanation of the variable material in this rider. Variable material is in a box or is bracketed.

Rider 865 12-11

Page No.	Bracketed Item	Explanation of Variable Material
1	Rider Insured	If the Insured under the rider is different from the Insured under the contract, the insured's name will be inserted into the box. If the Insured under the rider is the same as the Insured under the contract, no name will appear.
1	Issue Date	If the Issue Date of the rider is after the Issue Date of the contract, a date will be inserted into the box. If the Issue Date of the rider is the same Issue Date of the contract, no date will appear.
3	New Haven, Connecticut	The address – City and State could possibly change at some point in time.
3	Names and signatures of the Officers	Officers' names and signatures will change upon retirement, death or resignation from the Company. In the event the title of an officer signing the policy form changes, any new title utilized will be the title of an officer of the company.

Specifications Page 3

Page No.	Bracketed Item	Explanation of Variable Material
3	Insured, Issue Age, Sex, Issue Date, Council, Register Date, Contract Number, Contract Amount, Class	This is John Doe information and will be based on the actual insured. The minimum contract amount is \$5,000 or a lower amount if needed to fulfill contractual obligation resulting from the exercise of an existing rider. There is no maximum amount.
3	Premium Amounts, Benefit Amount Years Premium is Payable and Mode for Contract	This is John Doe information and will be based on the actual insured.
3	Rider 865 12-11 Information	This information will print only if the Rider is issued with the contract.

Page No.	Bracketed Item	Explanation of Variable Material														
3	Description of Benefits Title of Rider: [10 Year] Income Protection Rider	<div>There are 6 available options, subject to issues ages and elected by the owner at time of the rider application.</div> <table><tr><th><i>Period</i></th><th><i>Issue Ages</i></th></tr><tr><td>10 Year</td><td>18 - 60</td></tr><tr><td>15 Year</td><td>18 - 55</td></tr><tr><td>20 Year</td><td>18 - 50</td></tr><tr><td>25 Year</td><td>18 - 45</td></tr><tr><td>30 Year</td><td>18 - 40</td></tr><tr><td>To Age 65</td><td>29 - 55</td></tr></table>	<i>Period</i>	<i>Issue Ages</i>	10 Year	18 - 60	15 Year	18 - 55	20 Year	18 - 50	25 Year	18 - 45	30 Year	18 - 40	To Age 65	29 - 55
<i>Period</i>	<i>Issue Ages</i>															
10 Year	18 - 60															
15 Year	18 - 55															
20 Year	18 - 50															
25 Year	18 - 45															
30 Year	18 - 40															
To Age 65	29 - 55															
3	Rider Benefit Amount, Years Payable, Mode	This is John Doe information and will be based on the actual insured.														
3	Benefit Increase of [5.0%]	There are 3 options: 0%, 2.5% or 5%. These begin with the 13 th payment and are annually thereafter. The increase percentage is elected by the owner at time of the rider application.														